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C

08/18/2020

| Illinois Department of Public Health | STATEMENT OF DEFICIENCIES | AND PLAN OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED

B. WING

NAME OF PROVIDER OR SUPPLIER

IL6012173

STREET ADDRESS, CITY, STATE, ZIP CODE

WESTCHESTER HEALTH & REHABILITATION 2901 SOUTH WOLF ROAD WESTCHESTER, IL 60154								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE				
S 000	Initial Comments	S 000						
	Licensure Complaint Survey: #2094607 / IL123832 - 300.3240 cited							
S9999	Final Observations	S9999						
	Statement of Licensure Violation:							
	Section 300.3240 Abuse and Neglect							
Į	a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) (A, B)							
	b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act)							
	e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act)							
	This regulation was not met as evidenced by:		Attachment A					
	Based on interview and record review the facility failed to ensure that two resident (R2, R3) reviewed were free from abuse from staff when providing assistance with feeding and from misappropriation of resident's personal belongings.		Statement of Licensure Violations					

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
					С						
		IL6012173	B. WING		08/	18/2020					
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE							
WESTCHESTER HEALTH & REHABILITATION 2901 SOUTH WOLF ROAD											
WESTCHESTER, IL 60154											
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5)						
S9999	Continued From pa	ge 1	S9999								
	Business office employees to the Employee stated the in order to get to he is suspended pendi investigation initiate MD notified. 6/30/2020 at 10:44/A Nursing/DON; Form was reported to her was holding the resi V2 stated that video days. V2 stated that where the same CN incident where R3's (CNA) was seen goi video footage doesn because there is no	ner Administrator) stated that it by a staff member that a CNA ident's nose while feeding her. footage is only saved for 30 there was another incident IA was involved in another rings were missing. V8 ing into R3's room, however o't showed V8 taking the rings cameras in resident's rooms.									
•	footage was watche and it was verified the Interviewed V8 to g	et statement. She did admit nose closed in order to get		S.							
	Revised July. 2018 s right to be free from mistreatment, injurie misa ppropriation of a exploitation, corpora seclusion and any pl not required to treat symptoms."	es of unknown origin,									

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C IL6012173 B. WING 08/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD **WESTCHESTER HEALTH & REHABILITATION** WESTCHESTER, IL 60154 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 hitting, slapping, pinching, and kicking. It also includes controlling behavior through corporal punishment. Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary. Or permanent use of a resident's belongings or money without the resident's consent." (B)

Illinois Department of Public Health